

**NEW HAMPSHIRE INSURANCE DEPARTMENT
56 OLD SUNCOOK ROAD
CONCORD, NH 03301-5151**

INSURANCE LAW CHANGES FOR CALENDAR YEAR 2003

Chapter 144:1 of the Laws of 2003 added the following provisions to the Insurance Code effective January 1, 2004:

- ***RSA 400-A:32-a Timely mailing provision***

Claims for timely mailing must be supported by "...*the post office cancellation mark stamped upon the envelope or other appropriate wrapper...*" If the payment is not received or the cancellation mark is "...illegible, erroneous or omitted..." mail "...shall be deemed filed...if the sender establishes by competent evidence that the report...or other document *was deposited in the United States mail on or before the due date for filing...*"

- ***A Pitney Bowes postal imprint does not qualify as a "post office cancellation imprint".***

- ***Payment by Electronic Funds Transfers (EFT)***

RSA 400-A:32-b Required payment by electronic funds transfers in certain circumstances.

"Insurers shall remit taxes by electronic funds transfer when the insurer, or group of insurers, had a tax liability in the prior tax year of \$100,000 or more." To be considered timely, the tax payment must be deposited into the State of New Hampshire's bank account on or before the payment due date.

- ***Payment of Annual Statement Filing Fee***

Chapter 144:2 of the Laws of 2003 amended RSA 400-A:36, II to provide that "...*the insurer shall pay the fee for filing its annual statement* as prescribed by RSA 400-A:29 at the time of filing or *with the premium tax return, but no later than March 15th*". It is requested that companies continue to pay the filing fee with the filing of the premium tax return.

Effective July 1, 2002:

- ***RSA 400-A:32 Premium Tax; Penalty, Prepayments***

Due dates	Premium Tax Return	March 15 th , 2004
	First Estimated Payment	March 15 th , 2004
	Second Estimated Payment	June 15 th , 2004
	Third Estimated Payment	September 15 th , 2004
	Fourth Estimated Payment	December 15 th , 2004

- ***Late Payment Penalty***

RSA 400-A:32 IV "Any insurer failing to file the report required by RSA 400-A:31 or failing to remit the proper tax within the time for filing shall pay a penalty equal to 10 percent on the amount of the tax due."

Late payment fees shall be assessed. Please note that the word "intentionally" has been removed from the law.

2003 MEDICAL INSURANCE COMPANY INSTRUCTIONS

GENERAL INSTRUCTIONS

ANNUAL STATEMENT FILING DUE DATE:

HEALTH SERVICE CORPORATIONS	MARCH 1, 2004
HEALTH MAINTENANCE CORPORATIONS	APRIL 30, 2004
DELTA DENTAL CORPORATION	APRIL 30, 2004

PREMIUM TAX RETURN DUE DATE IS MARCH 15, 2004

(See RSA 400-A:32-a Timely Mailing)

The premium tax form return is due NOT LATER THAN March 15, 2004. Tax returns postmarked on or before March 15, 2004, will be accepted as having been timely filed. Tax statements and tax payments postmarked after March 15, 2004, will be subject to the provisions of RSA 400-A:32, IV, which imposes a 10% penalty for filing after the due date.

DO NOT SEND PREMIUM TAX FORM AND/OR CHECKS WITH THE ANNUAL STATEMENT PACKAGE

COMPLETE TAX FORM , FORWARD WITH PAYMENT TO:

**NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD
CONCORD, NEW HAMPSHIRE 03301-5151**

MAKE CHECKS PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE

ESTIMATED LIABILITY LESS THAN \$400

RSA 400-A:32,II provides that "...any authorized insurer having an estimated liability of \$100 or less for each quarter shall make payment in full on March 15..." Any company having \$400 or less in taxes due (Page 2, Line 29), must pay the total of all four estimates on March 15,2003.

ALIEN CORPORATIONS

For retaliatory purposes, "State of Domicile" as used in this refers to State of Entry.

ELECTRONIC FILING OF PREMIUM TAX RETURN

All licensed Health Service Companies, Health Maintenance Companies, and Delta Dental may file their premium tax form via electronic spreadsheet. To file electronically, a company must have:

- 1) capability for Electronic mail with an attached file
- 2) software compatible with Microsoft Excel 2000
- 3) software compatible with Microsoft Word 2000

To use electronic filing each company must request from the Department via E-Mail, the electronic spreadsheet, which then will be used by the company to process the premium tax form. The company will use the electronic file by supplying appropriate data and inserting the required premium amounts and

other requested data. The electronic file will provide for the automatic calculation of many fields, and will have the capability to print a hardcopy premium tax report. **A hardcopy report properly signed and notarized will also be required.**

WHAT IS TAXABLE?

Gross direct premiums including renewal premiums.
Policy fees.
Membership and other fees.
Assessments.
Policy dividends applied in payment for insurance (additional paid up insurance)
All other considerations for insurance received during the calendar year.

Most Medicare beneficiaries may choose to receive benefits through one of the following Medicare+Choice plans: Coordinated care plans, which includes health maintenance organizations, Provider-Sponsored Organizations (PSO's) and Preferred Providers Organizations.

Medicare+Choice Premiums received by such organizations **on behalf of Medicare qualified individuals are not subject to premium taxation.**

Medicaid Premiums *are subject* to premium tax.

ALL DEDUCTIONS FROM GROSS PREMIUMS MUST BE FULLY DOCUMENTED

DOCUMENTS REQUIRED TO BE FILED

Health Service Corporations:
Schedule T for calendar year 2003.
The Underwriting and Investment Exhibit Part 1 – Premiums.
Calendar Year 2002 Business Enterprise Tax Form

Health Maintenance Organizations:
Schedule T for calendar year 2003.
Calendar Year 2002 Business Enterprise Tax Form

A monthly detail report is required for:
Political Subdivisions
Federal Employees Premiums
Administrative Service Contracts
Medicare Choice + Premiums

Documents substantiating any reduction and/or credits taken on premium tax form.

PAGE ONE INSTRUCTIONS

COMPANY NAME – enter company name
BUSINESS ADDRESS – enter **complete** company address, street, city, state, zip.
TYPE OF COMPANY - enter MED for medical company
FEDERAL TAX ID NUMBER - enter the company's nine digit federal tax id number
NAIC GROUP CODE - enter the company's four digit NAIC group code

NAIC COMPANY CODE - enter the company's five digit NAIC company code
STATE OF DOMICILE - enter the two-letter abbreviation of the company's state of domicile.

PLEASE INDICATE METHOD AND AMOUNT OF TAX PAYMENT.

If no payment is being made so indicate by placing a check mark in the NO PAYMENT box.
If payment is being made by check, indicate the amount of the check in the respective box
If payment is being made by EFT, indicate the amount of the EFT in the respective box.

PAGE TWO INSTRUCTIONS

Line 1 through line 12 should be completed with the monthly premium amounts per the schedule on page 2.

Line 14. Enter the amount from Column 7, line 13.

Line 15. Premium tax @ 2% times the amount on line 14, or the domestic rate if greater than 2%.

Line 16. Deduct NH Business Enterprise Tax paid in accordance with RSA 77-E. This credit may not reduce the amount on Line 26 below \$0. Only those amounts "incurred" during calendar 2002 may be deducted on this return. Any excess not deducted on this form must be applied in accordance with RSA 400-A:34-a.

Line 17. Premium tax after NH Business Enterprise but not less than zero.

Line 18. Enter amount from Line 17.

Line 19- 20. Any foreign insurers must complete the appropriate sections of page three.

Line 21. Total Premium Taxes Payable

This is the company's total tax liability for calendar year 2003. ***If this amount is \$100,000 or more, the company is required to pay estimated taxes via EFT.*** If the company is a member of a group having total tax liability of \$100,000 or more, all companies in that group are required to pay estimated taxes via EFT.

PAYMENTS AND CREDITS

Line 22a. Cash Payments Applied to Estimated Tax

This line provides space to list the cash payments applied to estimated tax.

Any overpayment from March 15, 2003 should first be reduced any refunds and by filing and annual license fees unless these fees were separately paid.

Cash Payments:

Only the actual cash amount of the March 15, 2003 payment that was applied to estimated tax due March 15, 2003 should be entered here under the March 15 estimate. Cash payments for June 15, 2003, September 15, 2003 and December 15, 2003 should also be entered in the appropriate place.

COMMUNITY DEVELOPMENT PROGRAM (RSA 162:L-10)

Line 22b. The credit arising from amounts contributed in accordance with the NH Community Development Financing Authority should be included on this line. **Any credits applied without supporting documentation will be denied.**

OTHER APPROVED CREDITS

Line 22c. Other Approved Credits. This line should be used for any other “pre-approved” credits to premium tax. ***There should be no credits on this line which have not been “pre-approved” by the NH Insurance Department.***

BALANCE DUE MARCH 1, 2004

If line 21 for this company and/or the total of an affiliated group is \$100,000 or more, all member companies of the group must make payment by EFT. Companies not required by the law to make payment by EFT may also use this method for payment of premium taxes. If payment is made by check, the check should accompany the hardcopy premium tax form or forms. If paid by EFT, the EFT must be made in accordance with instructions provided by this Department.

PAGE THREE INSTRUCTIONS

LICENSING, FILING AND DOCUMENT FEES

Include in this section only fees and charges relating to the filing of the annual statement, licensing of the company, and other documents fees. Fees and assessments computed on the basis of premiums written must be included in the appropriate section below.

OTHER TAXES

If the company’s domestic state imposes any additional fees and/or taxes upon NH companies, these fees and taxes must be included herein. Complete detailed computations must be provided

If the company calculates retaliatory assessments and taxes on allocations other than the predetermined percentages provided by the domestic state, these allocations must have been approved and be utilized in the calculation of taxes for the domestic state to be properly used for NH filing purposes. The company should include adequate explanation with their premium tax statement.

Items to be included here:

Franchise Tax
Corporate Tax
District/Municipality Tax
County/City/Canadian Province Tax
Insurance Department Maintenance
Corporate Registration Fee

OTHER ASSESSMENTS

Include all other assessments. Do not include fees relating to filing of the annual statements and/or licensing of the company.

Include:

Actuary

Rate Hearings

Police Pension Fund

Insurance Department Maintenance

Any other assessments

STATE OF NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD, CONCORD, NH 03301- 5151
MARCH 15, 2004

HEALTH MAINTENANCE ORGANIZATIONS
HEALTH SERVICE CORPORATIONS
DELTA DENTAL PLAN

STATEMENT OF FEES, CHARGES, AND PREMIUM TAXES
FOR THE YEAR ENDING DECEMBER 31, 2003

COMPANY NAME		
BUSINESS ADDRESS		
TYPE OF COMPANY		
FEDERAL TAX ID NUMBER		
NAIC GROUP CODE		
NAIC COMPANY CODE		
STATE OF DOMICILE		

PLEASE INDICATE METHOD AND AMOUNT OF TAX PAYMENT	NO PAYMENT	
	CHECK	
	EFT	

SWORN STATEMENT (RSA 400-A:31)

State of	
County of	
Name of Officer	being duly sworn, deposes and says:
that he/she is the	
of the	
and that the following is a full, true and correct statement of the business done in the State of New Hampshire by said	
Company during the year ending December 31, 2003.	

Subscribed and sworn to before me this _____ day of _____ 2004.

Officer _____

Notary Public _____

PLEASE INDICATE THE NAME OF THE TAXATION OFFICER WHOM WE SHOULD CONTACT IF THERE ARE QUESTIONS ABOUT THIS FORM. ALSO INDICATE THE APPROPRIATE ADDRESS FOR CORRESPONDENCE, REFUNDS, ETC.

TAXATION OFFICER	
ADDRESS (If different from above)	
E-MAIL ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	

SEE SEPARATE INSTRUCTIONS

See Separate Instructions

The premium tax statement and payment of taxes is due NOT LATER THAN MARCH 15, 2004.

Make check payable to: Treasurer, State of New Hampshire

COMPANY NAME
 NAIC COMPANY CODE
 STATE OF DOMICILE
 YEAR ENDING DECEMBER 31, 2003

PREMIUM TAX: LIFE COMPANIES - RETALIATORY PROVISION NH RSA 400-A:35

Gross Premiums/considerations from New Hampshire policy/contract holders or on risks located in New Hampshire, other than premiums received for reinsurance.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
GROSS PREMIUMS/CONSIDERATIONS	GROSS PREMIUMS	POLITICAL SUBDIVISIONS	FEDERAL EMPLOYEES PROGRAM	HEALTHY KIDS PROGRAM	ADMIN SERVICE CONTRACTS	MEDICARE+ CHOICE PREMIUMS	NET TAXABLE PREMIUMS
1. January							
2. February							
3. March							
4. April							
5. May							
6. June							
7. July							
8. August							
9. September							
10. October							
11. November							
12. December							
13. TOTAL PREMIUMS							

14. NET PREMIUMS SUBJECT TO TAX (Line 13, COL 8)	
15. TOTAL PREMIUM TAX - Line 14 times 2%, MINIMUM \$200	
16. BUSINESS ENTERPRISE TAX CREDIT (RSA 400-A:34-a)	
17. PREMIUM TAX DUE AFTER BUSINESS ENTERPRISE TAX (BUT NOT LESS THAN ZERO)	

COMPUTATION OF BALANCE DUE	
18. Premium Tax Payable (Page 2, Line 17)	
19. Other Taxes Payable (Page 3, Line 12, Col 4)	
20. Assessments Payable (Page 3, Line 18, Col 4)	
21. TOTAL PREMIUM TAXES PAYABLE (Lines 18+19+20)	
22. PAYMENTS AND CREDITS	
a) Cash Payments Applied to Estimated Tax	
Overpayment March 15, 2003 net of refund & fees	
Mar. 15, 2003	
Jun. 15, 2003	
Sep. 15, 2003	
Dec. 15, 2003	
b) Community Development Financing Authority	
c) Other Approved Credits (See Instructions)	
23. Total Payments and Credits (Lines 22a through 22d)	
24. Total Taxes Payable (Overpaid) (Line 21 less Line 23)	
25. Prepayment Due Mar 15, 2004 (Line 21 if \$400 or less, MINIMUM \$200, otherwise 25% of Line 21)	
26. Filing Fees (Page 3, Line 5, Col 4)	
27. Annual License Fee (Page 3, Line 2, Col 4)	
28. BALANCE DUE (OVERPAYMENT) MARCH 15, 2004 (LINES 24+25+26+27)	

TOTAL AMOUNT PAID

COMPANY NAME
 NAIC COMPANY CODE
 STATE OF DOMICILE
 YEAR ENDING DECEMBER 31, 2003

PREMIUM TAX: MED COMPANIES - RETALIATORY PROVISION NH RSA 400-A:35

(1)	(2)	(3)	(4)
LICENSING, FILING AND DOCUMENT FEES ONLY	NH BASIS	STATE OF DOM BASIS	LARGER OF COL 2 OR 3
1. Certificate of Authority Renewal (Due Date 6/15/04)	200.00		
2. Total License Fees	XXXXXX	XXXXXX	

3. Annual Filing Fees			
a) Annual Statement	100.00		
b) Certificate of Compliance	0.00		
c) Certificate of Deposit	0.00		
d) Certificate of Valuation	0.00		
4. Other Fees which might be applicable	XXXXXX	XXXXXX	
a) By-Laws (ONLY if amending)	25.00		
b) Articles of Incorporation (ONLY if amending)	10.00		
c) Other Retaliatory Fees (itemize)	XXXXXX		
Publication Fee	XXXXXX		
Annual Statement Audit Fee	XXXXXX		
Other Fees - Attach Schedule	XXXXXX		
5. TOTAL FILING FEES	XXXXXX	XXXXXX	

OTHER TAXES	NH BASIS	STATE OF DOM BASIS	
Calculation of taxes based upon laws governing state of domicile (Include % rate and basis if applicable).			

6. FRANCHISE TAX (If subject to a minimum, include this minimum amount \$_____)	XXXXXX		
7. CORPORATE TAX	XXXXXX		
8. DISTRICT/MUNICIPALITY	XXXXXX		
9. COUNTY/CITY/CANADIAN PROVINCE TAX	XXXXXX		
10. INSURANCE DEPARTMENT MAINTENANCE	XXXXXX		
11. OTHER - ATTACH SCHEDULE	XXXXXX		
12. TOTAL OTHER TAXES	XXXXXX	XXXXXX	

ASSESSMENTS	Applicable Rate	STATE OF DOM BASIS	
Include all fees and assessments.			

13. ACTUARY			
14. RATE HEARING			
15. POLICE PENSION FUND			
16. INSURANCE DEPARTMENT MAINTENANCE			
17. OTHER - ATTACH SCHEDULE			
18. TOTAL ASSESSMENTS	XXXXXX	XXXXXX	

NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD, CONCORD, NH 03301- 5151

ESTIMATED PREMIUM TAX PAYMENT - RSA 400-A:32, II
JUNE 15, 2004

NAME OF COMPANY	
ADDRESS OF COMPANY	
TYPE OF COMPANY	
FEDERAL TAX IDENTIFICATION NUMBER	
NAIC GROUP CODE	
NAIC COMPANY CODE	
STATE OF DOMICILE	

PLEASE INDICATE METHOD AND AMOUNT OF TAX PAYMENT

CHECK	
EFT	

COMPUTATION OF PAYMENT DUE

Total Premium Tax Liability Calendar Year 2003	
Amount Now Due: 25% Total Tax Liability if greater than \$400.	
Less: March 15, 2004 Credit Applied	
Less: Community Development Financing Authority Credit (Attach Correspondence)	
Net Remittance	

Check NO _____ Dated _____

County of _____ State _____

Personally Appeared Before Me _____

President/U.S. Manager, Vice President, Secretary, or Treasurer, above named company and made oath that the

foregoing return by them is true.

Notary Public

NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD, CONCORD, NH 03301- 5151

ESTIMATED PREMIUM TAX PAYMENT - RSA 400-A:32, II
SEPTEMBER 15, 2004

NAME OF COMPANY	
ADDRESS OF COMPANY	
TYPE OF COMPANY	
FEDERAL TAX IDENTIFICATION NUMBER	
NAIC GROUP CODE	
NAIC COMPANY CODE	
STATE OF DOMICILE	

PLEASE INDICATE METHOD AND AMOUNT OF TAX PAYMENT

CHECK	
EFT	

COMPUTATION OF PAYMENT DUE

Total Premium Tax Liability Calendar Year 2003	
Amount Now Due: 25% Total Tax Liability if greater than \$400.	
Less: March 15, 2004 Credit Applied	
Less: Community Development Financing Authority Credit (Attach Correspondence)	
Net Remittance	

Check NO _____ Dated _____

County of _____ State _____

Personally Appeared Before Me _____

President/U.S. Manager, Vice President, Secretary, or Treasurer, above named company and made oath that the

foregoing return by them is true.

Notary Public

NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD, CONCORD, NH 03301-7317

ESTIMATED PREMIUM TAX PAYMENT - RSA 400-A:32, II
DECEMBER 15, 2004

NAME OF COMPANY	
ADDRESS OF COMPANY	
TYPE OF COMPANY	
FEDERAL TAX IDENTIFICATION NUMBER	
NAIC GROUP CODE	
NAIC COMPANY CODE	
STATE OF DOMICILE	

PLEASE INDICATE METHOD AND AMOUNT OF TAX PAYMENT

CHECK	
EFT	

COMPUTATION OF PAYMENT DUE

Total Premium Tax Liability Calendar Year 2003	
Amount Now Due: 25% Total Tax Liability if greater than \$400.	
Less: March 15, 2004 Credit Applied	
Less: Community Development Financing Authority Credit (Attach Correspondence)	
Net Remittance	

Check NO _____ Dated _____

County of _____ State _____

Personally Appeared Before Me _____

President/U.S. Manager, Vice President, Secretary, or Treasurer, above named company and made oath that the

foregoing return by them is true.

Notary Public